

DOMESTIC SUMMARY.

Successful Amputation at the Shoulder-Joint.—Dr. PAUL F. EVE relates (*South. Med. and Surg. Journ.*, Sept. 1849,) the case of a boy, about eight years of age, who, six months before he was seen by Dr. E., had sustained a compound comminuted fracture of the right arm from a fall. There were existing an enlargement of the whole length of the humerus; a stiff shoulder-joint; two fistulae, one about the insertion of the deltoid muscle, and the other at the head of the bone; a probe would pass, as it were, through the shoulder-joint, and in the direction of the bone, encountering rough or denuded surfaces; from both openings there was a pretty copious discharge of ill-conditioned pus.

The propriety of an operation having been decided upon in consultation, and the patient placed under chloroform, an incision from the acromion process of the scapula was made through the deltoid muscle down to the bone, laying open freely the upper fistula. The humerus thus exposed, was felt extensively involved in the disease (necrosis), and according to previous counsel, amputation at the shoulder-joint was now attempted. In performing this, an unexpected difficulty occurred—this was encountering an intimate union of the head of the bone to the glenoid cavity. In the effort to disarticulate at the joint, it was found that the knife did not and could not be made to pass around the upper extremity of the humerus—the joint was then attacked from the opposite side, but with no better success. Having confidence in the knife (English), the original position was resumed, and the head of the bone was cut through, leaving the part above its anatomical neck in the glenoid cavity of the scapula. This was now carefully dissected out by a scalpel, the bond of union being intimate and complete through the intervention of what was supposed to have been fibrin or the plastic matter of the blood. The knife passed through what originally was the epiphysis of the bone, and its edge was uninjured.

The whole humerus was found necrosed, the old bone was confined in an effort of nature to form a new one. The sequestra could only be removed by extensive incisions and forcible efforts, and the bone presented throughout a worm-eaten aspect. It was not a part, but the whole of the bone, which was diseased.

The boy had a good recovery, leaving for home in the cars a week after the operation.

Spiritus Pyroxylicus in the Treatment of Diarrhoea and Dysentery. By DAVID W. YANDELL, M. D., (*Western Journ. Med. and Surg.* September, 1849.)—Dr. Yandell's attention was first called to the use of pyroxylic spirit or medicinal naphtha in diarrhoea, by an article by Dr. Lavirotte, of Lyons, in the *Gazette des Hopitaux*. In the present paper, Dr. Y. details the result of his trials with the article. He gives brief accounts of 23 cases—16 of diarrhoea and 7 of dysentery—treated by this agent, and the results are certainly favourable. Christison states the dose of the article as five minims; this Dr. Yandell thinks is too small a dose in diarrhoea and dysentery. He commenced with doses of six drops, three times a day; but he was, in many cases, obliged to increase the dose before any good results were manifest. He believes that it is most frequently efficacious when given in doses of twenty drops at intervals of three hours.

Touching the modus operandi of the spts. pyroxylicus, Dr. Yandell confesses himself totally at a loss to determine. I can but ask (he says) with Dr. Lavirotte—Does this medicine act like opium and the other calmants, as alum and columbo, and the other astringents, as nitrate of silver, by substitution, or rather has it a special action which modifies the intestinal secretion? It is too easily borne to warrant its being compared to nitrate of silver; and its anti-spasmodic properties are, to say the least, very insignificant; while its nauseous, sharp, and bitter savour would seem to indicate that it exercised an astringent influence.

On this subject Christison speaks as follows: "Its actions have not yet been carefully investigated; but it seems to be narcotic, sedative, and calmant. It certainly possesses the property of allaying the cough and febrile excitement

of phthisis pulmonalis; but general experience has not borne out the sanguine hopes entertained by Dr. Hastings, of its efficacy as a remedy in that disease. I can amply confirm all that has been said of it as an anti-emetic remedy in cases of chronic vomiting; for in cases of this affection, depending on both functional and organic diseases, I have frequently seen the vomiting arrested or greatly mitigated by pyroxylic spirit. Even creasote has appeared to be scarcely as efficacious."

Wound of the External Carotid Artery—Ligature to the Common Carotid.—Dr. GEDDINGS relates (*Charleston Med. Journal*, September, 1849,) a case of severe wound on the right side of the neck, between the mastoid process and the neck of the jaw.

The point of the instrument penetrated within the concha of the ear, near the antitragus; and partially slitting the lobus, which was drawn down by the force of the blow, it passed deeply with the blade in a transverse direction, as regards the neck, between the mastoid process and the neck of the jaw, severing a portion of the parotid gland, the external carotid, and probably either the internal carotid or internal maxillary arteries, or both. The wound was about an inch in length, and had bled so profusely, that before the patient could be conveyed to Dr. Boylston's residence—distant about a hundred yards—he was already nearly pulseless, and was, besides, insensible from the effects of intoxication.

Dr. Boylston promptly arrested the hemorrhage, by pressure upon the wound with the thumb; but the pressure being removed for an instant, on Dr. G.'s arrival, to enable him to examine the wound, the blood gushed forth again, with such force, as to render it necessary to reapply the pressure immediately. A temporary compress was arranged of three bottle-corks, placed parallel, and rolled in soft linen, which was secured upon the part by several turns of a roller bandage, about the head and face. This means, aided by slight pressure, effectually commanded the hemorrhage, until Dr. G. could return home, to procure an artery compressor. Having provided himself with this instrument, he applied one pad on the back part of the neck, in the hollow between the spinous and the transverse processes of the spine, on the opposite side, and the other upon the course of the common carotid artery of the injured side. By turning the key of the instrument, it was found that ample pressure could thus be made, to effectually impede the transit of the blood through the vessel, and as the patient was insensible, he made no struggles to interfere with the objects had in view. In this manner, a perfect temporary command over the hemorrhage was obtained.

Between three and four hours after the accident, sufficient reaction having taken place, Dr. Deas, the regular medical attendant of the patient, applied a ligature to the common carotid artery in the omo-hyoid angle of the cervical region. During the whole time, the patient was in such a profound state of intoxication, that he had no consciousness of what was transpiring, and it was only after a profound sleep that he awoke to a sense of his situation. The case had gone on most favourably up to the date of the report, at which period the ligature had not yet come away.

Asiatic Cholera successfully treated by Chloroform.—Dr. ANTHONY BOURNONVILLE relates (*Medical Examiner*, Aug. 1849,) eleven cases of cholera, all but one successfully treated. The following case will illustrate the treatment pursued by Dr. Bournonville.

"CASE 2. George C——, undertaker, Vine and Fifth streets, was called upon to lay out for burial a patient who had died of Asiatic cholera. C. returned to his work after he had finished, took a glass of beer, and soon after was obliged to go to the privy, where he had a succession of copious watery evacuations. On passing through the yard to go into the dwelling-house, he fell prostrate on the pavement, stiff, cold as ice; cold perspiration flowed freely from his body (melting, as it were), pulseless, skin shrivelled, extremities in less than half an hour were perfectly blue to his knees and elbows; tongue cold, breath cold,